

Initial Application Date: 7-29-14

Application # 1450034306

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: Humbertina Espinoza Mailing Address: 413 Meire ST  
City: Sanford State: NC Zip: 27330 Contact No: 919 774 0595 Email: \_\_\_\_\_

APPLICANT: Patrick Callimore Mailing Address: 164 hearings pl  
City: Cottage State: NC Zip: 28327 Contact No: 910 690 1336 Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: 28 Lot Size: 1.83  
State Road # 1229 State Road Name: Mc Dowald Map Book & Page: PLAT 67-B  
Parcel: 9579 92 5400 .000 PIN: 03 9569 0003 23  
Zoning: RA20 Flood Zone: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book & Page: 3154, 993 Power Company\*: \_\_\_\_\_

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

PROPOSED USE:

- SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Monolithic Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms))
- Mod: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no
- Manufactured Home: SW  DW  TW (Size 24 x 40) # Bedrooms: 3 Garage: \_\_\_\_\_ (site built? \_\_\_\_\_) Deck: \_\_\_\_\_ (site built? \_\_\_\_\_)
- Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_
- Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_
- Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition? ( ) yes ( ) no

Water Supply:  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final

Sewage Supply: \_\_\_\_\_ New Septic Tank (Complete Checklist) \_\_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? ( ) yes (  ) no

Does the property contain any easements whether underground or overhead ( ) yes (  ) no

Structures (existing or proposed): Single family dwellings: \_\_\_\_\_ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

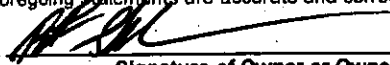
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>150</u>
Rear	<u>25</u>	<u>325</u>
Closest Side	<u>10</u>	<u>25</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

7-29-14  
Date

**\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\***

**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***



NAME: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # \_\_\_\_\_

- Environmental Health New Septic System Code 800**
  - All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
  - Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
  - Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
  - If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
  - All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
  - After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.

Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

**Environmental Health Existing Tank Inspections Code 800**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted       Innovative       Conventional       Any
- Alternative       Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?
- YES     NO    Do you plan to have an irrigation system now or in the future?
- YES     NO    Does or will the building contain any drains? Please explain. \_\_\_\_\_
- YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?
- YES     NO    Is the site subject to approval by any other Public Agency?
- YES     NO    Are there any Easements or Right of Ways on this property?
- YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And City Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

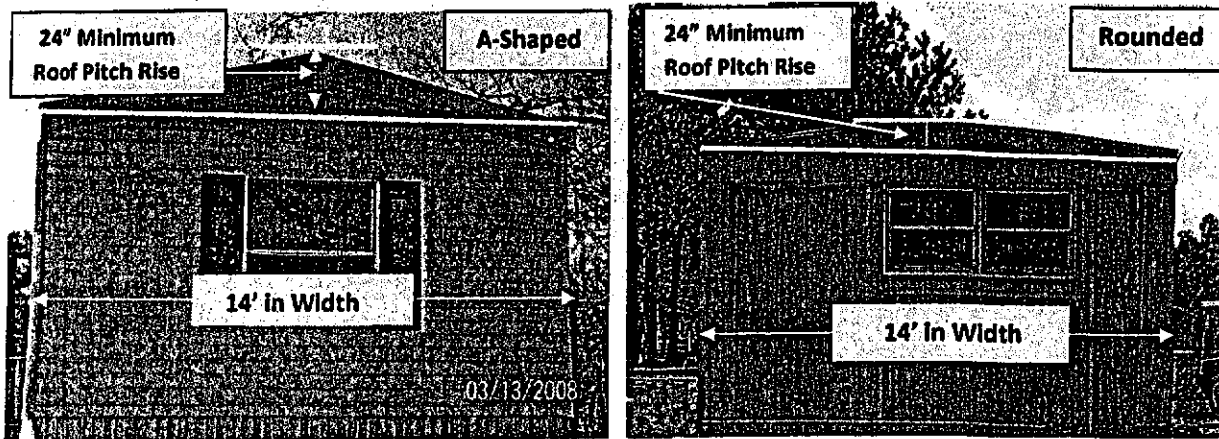
7-29-19  
DATE

### PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

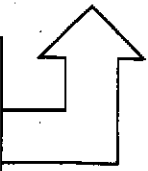
#### RA-20R & RA- 20M Certification Criteria

I, Robert Callmon, understand that because I'm located in a RA-20R or RA-20M Zoning District and wish to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)

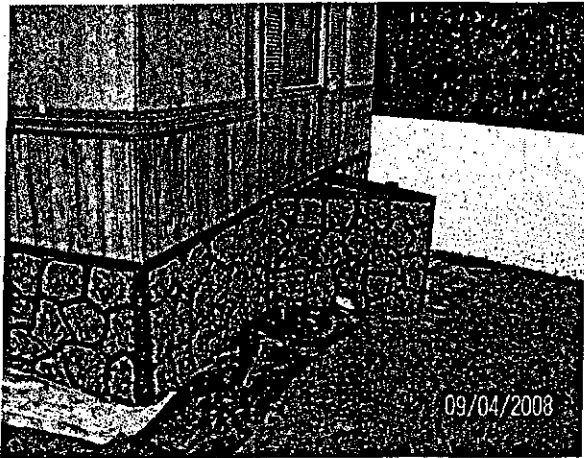


Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

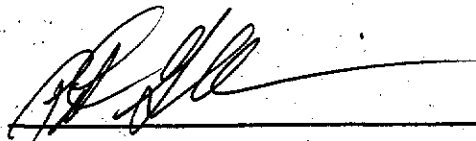


Continued.....

2. The home must be underpinned, consisting of a brick curtain wall or have galvanized metal sheeting, ABS or PBC plastic color skirting with interlocking edges, installed around the perimeter of the home. Skirting shall be consistent in appearance, in good condition, continuous, permanent, and unpierced except for ventilation and access.
3. The homes moving apparatus must be removed, underpinned, or landscaped. (See examples below.)



4. The home must have been constructed after July 1<sup>st</sup> 1976.



Signature of Property Owner / Agent

7-29-2014

Date

- By signing this form the owner / agent is stating that they have read and understand the information on this form.

Application for Manufactured Home Set-Up Permit  
(Please fill out each part completely)

**Part I – Owner Information:**

Home Owner Information (To be completed by owner of the manufactured home)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Landowner Information (To be completed by landowner, if different than above)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

**Part II – Contractor Information** (To be completed by Contractors or Homeowner, if applicable.  
Name, address & phone must match information on license)

A. **Set-Up Contractor** Company Name: A Plus Construction

Phone: 910-690-1336 Address: 5369 US Hwy 1 N

City: VASS State: NC Zip: 28394

State Lic# 45570 Email: aplusconstruction5369@yahoo.com

B. **Electrical Contractor** Company Name: Chatham Electric

Phone: 910-879-7098 Address: 13971 Hwy 24/27

City: Beagle Springs State: NC Zip: 27242

State Lic# 28575-1 Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: CAROLINA AIR

Phone: 910-947-7707 Address: 3706 Hwy 15/501

City: Cary/Hager, NC State: NC Zip: 27549

State Lic# 23549 Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: A Plus Construction

Phone: 910-690-9222 Address: 5369 US Hwy 1 N

City: VASS State: NC Zip: 28394

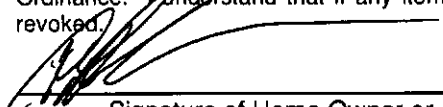
State Lic# 45570 Email: aplusconstruction

**Part III – Manufactured Home Information**

Model Year: \_\_\_\_\_ Size: X **Complete & follow zoning criteria sheet**

Park Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

  
\_\_\_\_\_  
Signature of Home Owner or Agent

7-29-14  
\_\_\_\_\_  
Date

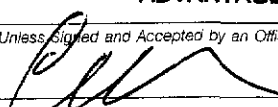
*\*Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.*

*List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.*

# ADVANTAGE PLUS HOUSING

5395 US 1 Highway  
Vass, North Carolina 28394  
(910) 692-3334 • Fax: (910) 692-6666

919-353-6000

BUYER(S) <b>HUMBERTINA ESPINOZA</b>		PHONE <b>919-774-0595</b>	DATE <b>7-16-14</b>
ADDRESS <b>413 MCIVER ST SANFORD NC 27330</b>		SALESPERSON <b>CARL</b>	
DELIVERY ADDRESS <b>T.B.D.</b>			
MAKE & MODEL <b>Lead</b>	YEAR <b>2002</b>	BEDROOMS <b>3</b>	FLOOR SIZE <b>40 W 24 L 44 W 24</b>
SERIAL NUMBER <b>HONC 05534531</b>	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED		PROPOSED DELIVERY DATE
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16.			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		BASE PRICE OF UNIT \$ <b>9500.00</b>	
<p><b>HOME SOLD AS IS WARRANTY WHERE IS.</b></p>		OPTIONAL EQUIPMENT	
		SUB-TOTAL \$	
		SALES TAX <b>N/A</b>	
		NON-TAXABLE ITEMS	
		VARIOUS FEES AND INSURANCE	
		1. CASH PURCHASE PRICE \$ <b>9500.00</b>	
		TRADE-IN ALLOWANCE \$	
		LESS BAL. DUE on above \$	
		NET ALLOWANCE \$	
		CASH DOWN PAYMENT \$ <b>9500.00</b>	
CASH AS AGREED SEE REMARKS \$			
2. LESS TOTAL CREDITS \$ <b>9500.00</b>			
SUB-TOTAL \$			
SALES TAX (If Not Included Above)			
3. Unpaid Balance of Cash Sale Price \$ <b>0</b>			
<p>Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.</p>			
ESTIMATED RATE OF FINANCING <b>N/A</b> %			
NUMBER OF YEARS <b>N/A</b>			
ESTIMATED MONTHLY PAYMENTS \$ <b>N/A</b>			
<p>THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS CONTRACT. BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.</p>			
<p>I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.</p>			
REMARKS: <b>Customer Responsible Permit, Setup Trim out Rehook AC / Skirting - STEP</b>			
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$			
<b>NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE</b>			
DESCRIPTION OF TRADE-IN	YEAR	SIZE x	
MAKE	MODEL	BEDROOMS	
TITLE NO.	SERIAL NO.	COLOR	
AMOUNT OWING TO WHOM			
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER			
<b>ADVANTAGE PLUS HOUSING</b>		SIGNED X <b>Humbertina Espinoza</b> BUYER	
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent		SOCIAL SECURITY NO. <b>595 561 5172</b>	
By  Approved		SIGNED X _____ BUYER	
		SOCIAL SECURITY NO. _____	



HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . . 14-50034306 Date 8/18/14  
 Property Address . . . . . 13897 MCDOUGALD RD  
 PARCEL NUMBER . . . . . 03-9569- - -0003- -23-  
 Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
 Subdivision Name . . . . . NOELL HILLS PHASE III  
 Property Zoning . . . . . OTHER COUNTIES

Owner Contractor  
 -----  
 ESPINOZA HUMBERTINA A PLUS CONSTRUCTION  
 413 MCIVER STREET 5369 US HWY 1  
 SANFORD NC 27330 VASS NC 28394  
 (910) 690-9222

Applicant  
 -----  
 GALLIMORE PATRICK #28

--- Structure Information 000 000 24X60 3BDR DWMH  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . # BEDROOMS 3.00  
 MOBILE HOME YEAR 2002.00  
 PROPOSED USE DWMH  
 SEPTIC - EXISTING? EXIST  
 WATER SUPPLY COUNTY

-----  
 Permit . . . . . MANUFACTURED HOME PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1050459  
 Issue Date . . . . . 8/18/14 Valuation . . . . . 0  
 Expiration Date . . . . . 8/18/15

-----  
 Permit . . . . . LAND USE PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1050442  
 Issue Date . . . . . 8/18/14 Valuation . . . . . 0  
 Expiration Date . . . . . 2/14/15

-----  
 Special Notes and Comments  
 T/S: 07/30/2014 11:40 AM VBROWN ----  
 13897 MCDOUGALD RD SANFORD 27332. 500  
 FT FROM COOPER STORE RD OFF OF  
 MCDOUGALD.

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name . . . . .	NOELL HILLS PHASE III		
Property Zoning . . . . .	OTHER COUNTIES		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . . MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	__/__/__
10	307	P307	R*PLUMB WATER CONNECTION	_____	__/__/__
20	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
20	814	A814	ADDRESS CONFIRMATION	_____	__/__/__
30	507	T507	R*MANUFACTURED HOME FINAL	_____	__/__/__
999		H824	ENVIR. OPERATIONS PERMIT	_____	__/__/__
999		H828	ENVIRO. WELL PERMIT	_____	__/__/__
Permit type . . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__